

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JAN 22 1942 STANDARD CERTIFICATE OF DEATH

State File No. 41766
Registrar's No. 44

Registration District No. 282

Primary Registration District No. 466

1. PLACE OF DEATH:

(a) County: Dunklin
(b) City or town: Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home Union Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Geo. W. Howard

3. (b) If veteran, name war: -

3. (c) Social Security No. -

4. Sex: Male 5. Color or race: white 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lorella Howard 6. (c) Age of husband or wife if alive: 59 years
7. Birth date of deceased: Feb 2 1882 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 12 hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant & Clerk

11. Industry or business:

MOTHER FATHER { 12. Name: Bryant Howard
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Rosalee M. E. Ely
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. & Mrs. Howard

(b) Address: Campbell

17. (a) Burial (b) Date thereof: Dec-16-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Campbell

18. (a) Signature of funeral director: Lester E. Ely

(b) Address: Campbell Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Dunklin
(c) City or town: Campbell Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1941 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec 1 to Dec 14 1941
that I last saw him alive on Dec 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Empyema Duration

Due to: -

Due to: -

Other conditions: -
(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): -

(b) Date of occurrence: -

(c) Where did injury occur? - (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? ✓ (Specify type of place) (e) Means of injury: 2

23. Signature: Lester E. Ely (Date of other)

Address: Campbell Date signed: Dec 14/41

RECEIVED

District Health Office No. 2

District File Number 142-7

Date Filed 1-16-42

DEC 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Christina M. Sanders*

Licensed Embalmer No. 4227

P. O. Address *Campbell, N.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41766

Registration District No. 282

Primary Registration District No. 4166

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County Franklin
(b) City or town Campbell
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Geo. W. Howard

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 2 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

- (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) 12-16-41 (b) E. W. Landess
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

- Due to _____

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings:
Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence _____

- (c) Where did injury occur? _____
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other) _____

- Address _____ Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

S-41766